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PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 8054.01

First Inventor Burton Simon

Multi-Person Parimutuel Betting Games Based on Sporting Events

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. EK989538963US

Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: Box Patent Application See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicate for fee processing Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27, (if applicable, all necessary) (preferred arrangement set forth below) Computer Readable Form (CRF) - Descriptive title of the invention b. Specification Sequence Listing on: Cross Reference to Related Applications Statement Regarding Fed sponsored R & D i. CD-ROM or CD-R (2 copies); or - Reference to sequence listing, a table, i i. or a computer program listing appendix - Background of the Invention Statements verifying identity of above copies - Brief Summary of the Invention - Brief Description of the Drawings (if filed) ACCOMPANYING APPLICATION PARTS - Detailed Description 9. X Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure (when there is an assignee) Attorney English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [Total Sheets Copies of IDS Information Disclosure 5. Oath or Declaration [Total Pages Statement (IDS)/PTO-1449 Citations Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) 13. Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. Signed statement attached deleting inventor(s) Request and Certification under 35 U.S.C. 122 named in the prior application, see 37 CFR 16. 1 63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No. Prior application information: Examiner Group Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Correspondence address below (Insert Customar No. or Attach bar code label here) Name Shawn D. Sentilles P.O. Box 208 Address City Belle Chasse State Zip Code Louisiana 70037 Country United States Telephone 504-433-3100 Fax 504-433-3103 Name (Print/Type) Registration No. (Attorney/Agent) Shawn D. Sentilles 38299 -23-2001 Date

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			Complete if Known					
FEE TRANSMITTAL		Application Number			nber			
for FY 2001		Filing	Date)				
		First Named Inventor		entor	Burton Simon			
Patent fees are subject to annual revision.		Examiner Name						
		Group Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 890.00	-	Attorn			No	8054.01		
		7 1110777						
METHOD OF PAYMENT			FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.	3. AE			L FE	ES			
Deposit Account		Large Entity		Sma Enti				
Number	Fee	Fee	Fee	Fee	-	Fee Description	Fee Paid	
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Charge Any Additional Fee Required Under 37 CFR 1 16 and 1.17	, 2,	50	441	20	cover s			
Applicant claims small entity status	139	130	139	130	Non-En	glish specification		
See 37 CFR 1.27 2. X Payment Enclosed:	147 2	2,520	147 2	2,520	For filin	g a request for ex parte reexamination		
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1. BASIC FILING FEE	l		216			on for reply within second month		
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101 710 201 355 Utility filing fee 106 320 206 160 Design filing fee	128 1	,890 :	228 9	45		on for reply within fifth month		
107 490 207 245 Plant filing fee	119	310	219	155		of Appeal		
108 710 208 355 Reissue filing fee	120	310	220	155		brief in support of an appeal		
114 150 214 75 Provisional filing fee	121	270	221	135		t for oral hearing		
SUBTOTAL (1) (\$) 355.00	138 1	,510	138 1	,510	Petition	to institute a public use proceeding		
	140	110	240	55	Petition	to revive - unavoidable		
2. EXTRA CLAIM FEES	141 1	,240	241	620		to revive - unintentional		
Extra Claims below Fee Paid Total Claims $75 - 20^{++} = 55 \times 9 = 495$	142 1			620		sue fee (or reissue)		
Independent 2 - 3** = 0 V				220	_	issue fee		
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	123		123	50		sing fee under 37 CFR 1.17(g)		
Large Entity Small Entity				180		sion of Information Disclosure Stmt		
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103 18 203 9 Claims in excess of 20	001	70	001	40		(times number of properties)	40	
102 80 202 40 Independent claims in excess of 3	146	710	246	355	Filing a	submission after final rejection R § 1 129(a))		
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims	149	710 2	249	355	For eac	h additional invention to be		
109 80 209 40 ** Reissue independent claims over original patent					examın	ed (37 CFR § 1.129(b))		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent				355		t for Continued Examination (RCE)		
	169	900 1	169	900	Reques of a de	t for expedited examination sign application		
SUBTOTAL (2) (\$) 495.00	Other fo	ee (spe	ecify)					
**or number previously paid, if greater; For Reissues, see above	*Reduc	ced by	Basic	Filing	Fee Pai	SUBTOTAL (3) (\$) 40	0.00	
SIRMITTED BY								
SUBMITTED BY						Complete (if applicable)		

SUBMITTED BY

Name (PrintlType)

Shawn D. Sentilles

Registration No (AltorneylAgent)

Signature

Complete (if applicable)

Telephone 504-433-3100

Date Jan.23,200/

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